

ECS Configuration Change Request

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CCR No. 97-0071	Logged Date 01/21/97	Rev. -	Request Type CCR
Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release B		Change Class I I
Title (description) Add Clarification Text to FOS DMS Level 4 Requirements			
Documents Affected		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference AC-96-0457	
RTM Change <input checked="" type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem Planning and Scheduling has assumed the responsibility for some of the FOS DMS requirements. Therefore, additional clarification needs to be added to the appropriate requirements.			
Proposed Solution Clarification text has been added to the appropriate DMS requirements. See Attachment 1.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/>			
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator Carol Chachulski _____ Signature _____ Date _____			
Office FOS _____ Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			